

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1817

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 47

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs
(Specify whether
In this community 71 years
years, months or days)

3. (a) PRINT
FULL NAME

John Frederick

3. (b) If veteran,
name war. —

3. (c) Social Security
No. MRKE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Widowed
6. (b) Name of husband or wife ANNA HANCOCK 6. (c) Age of husband or wife if
alive 27 years
7. Birth date of deceased Feb. 27 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 14
If less than one day
hr. min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business Chas. Frederick

12. Name Chas. Frederick

13. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Smith

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records

(b) Address State Hosp. # 2

17. (a) Funeral (b) Date thereof 1/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation State Hosp. # 2

18. (a) Signature of funeral director Walter Bowman

(b) Address 319 So. 10th St. - Home

19. (a) Jan 15-1941 (b) W. H. Heston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2801 S. 19th
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1941 to Jan 11 1941
and that I last saw him alive on Jan 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Biliary Cirrhosis of Liver
Due to Senile psychosis

Other conditions Senile psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Autopsy Bronchopneumonia
Biliary Cirrhosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
—

(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Wm. H. Heston (M. D. or other)
Address St. Joseph, Mo. Date signed 1-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ^{not}.....

No embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank A. Bertram

Licensed Embalmer No. 1710

P. O. Address

St. Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.